

<i>SERFF Tracking Number:</i>	<i>GRJR-126694523</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46159</i>
<i>Company Tracking Number:</i>	<i>CLI153</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value</i>		
<i>Project Name/Number:</i>	<i>Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value/Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value</i>		

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value
 SERFF Tr Num: GRJR-126694523 State: Arkansas

Term Life Insurance Policy with Return of Policy Value

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
 Closed

Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium

Co Tr Num: CLI153

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah
 Naegele, Karen Eichler

Date Submitted: 07/08/2010

Disposition Date: 07/12/2010
 Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Form CLI-153-AR (7/10), Level Term Life Insurance
 Policy with Return of Policy Value

Status of Filing in Domicile: Pending

Project Number: Form CLI-153-AR (7/10), Level Term Life Insurance
 Policy with Return of Policy Value

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Please be advised
 we are filing this form in our state of domicile,
 Ohio, as part of an IIPRC filing.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/12/2010

Explanation for Other Group Market Type:

State Status Changed: 07/12/2010

Deemer Date:

Created By: Jennifer Henley

Submitted By: Karen Eichler

Corresponding Filing Tracking Number:

SERFF Tracking Number: GRJR-126694523 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 46159
Company Tracking Number: CLI153
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value
Project Name/Number: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value/Form CLI-153-AR (7/10), Level Term Life
Insurance Policy with Return of Policy Value

Filing Description:

FEIN: 31-1213778

NAIC: 76236

Subject:

The Cincinnati Life Insurance Company

Individual Life Forms Filing

Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value

Dear Sir or Madame:

We are submitting the subject form for your review and approval. The policy is new and will not replace any previously approved forms. The implementation date for this form will be upon your approval.

Nothing in the submitted form has been previously disapproved by your Department. Please be assured that this filing contains no unusual or possibly controversial items from our normal Company practice of industry standards.

The policy is a level term, convertible life insurance policy with a Guaranteed Term Period of 20 years. The policy develops a policy value equaling a return of premium that is paid at the end of the Guaranteed Term Period. The policy value is also paid upon a conversion or surrender that takes place prior to the end of the Guaranteed Term Period. The issue ages are 18 through 48 for nonsmokers, and 18 through 41 for smokers.

The policy will be marketed for general life insurance purposes by an independent agency force in the worksite market where we reasonably believe that the Norris Decision applies and unisex rates are required. It will be available with smoker and nonsmoker classifications. There are no marketing or issue restrictions from our normal sales practices.

The policy will not be marketed with an illustration. Therefore, no illustration certifications are included with this filing.

Form CLI-1015-AR (5/04), Application for Life Insurance, which was previously approved by your Department on August 25, 2004 or any other appropriate approved application in the future, will be used with this policy.

Flesch Score Readability Analysis was done and the score is 50.6.

SERFF Tracking Number: GRJR-126694523 State: Arkansas

Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 46159

Company Tracking Number: CLI153

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value

Project Name/Number: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value/Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value

Our domicile state, Ohio, was included in our IIPRC filing on July 2, 2010, approval is pending

We would appreciate your review and approval at your earliest convenience. Thank you for your usual courtesy and cooperation.

Company and Contact

Filing Contact Information

Karen Eichler AIS, API, Analyst karen_eichler@cinfin.com
P. O. Box 145496 513-870-2000 [Phone] 4386 [Ext]
Cincinnati, OH 45250-5496 513-881-8984 [FAX]

Filing Company Information

The Cincinnati Life Insurance Company CoCode: 76236 State of Domicile: Ohio
6200 S. Gilmore Road Group Code: 244 Company Type:
Fairfield, OH 45014 Group Name: State ID Number:
(513) 870-2000 ext. 4386[Phone] FEIN Number: 31-1213778

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	07/08/2010	37819796

SERFF Tracking Number: GRJR-126694523 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 46159
Company Tracking Number: CLI153
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value
Project Name/Number: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value/Form CLI-153-AR (7/10), Level Term Life
Insurance Policy with Return of Policy Value

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/12/2010	07/12/2010

<i>SERFF Tracking Number:</i>	<i>GRJR-126694523</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46159</i>
<i>Company Tracking Number:</i>	<i>CLII53</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value</i>		
<i>Project Name/Number:</i>	<i>Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value/Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value</i>		

Disposition

Disposition Date: 07/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRJR-126694523 *State:* Arkansas
Filing Company: The Cincinnati Life Insurance Company *State Tracking Number:* 46159
Company Tracking Number: CLI153
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
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 Insurance Policy with Return of Policy Value

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Level Term Life Insurance Policy with Return of Policy Value		Yes

SERFF Tracking Number: GRJR-126694523 State: Arkansas

Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 46159

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TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

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Form Schedule

Lead Form Number: Form CLI-153-AR (7/10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-153-AR (7/10)	Policy/Contract/Fraternal Certificate	Level Term Life Insurance Policy with Return of Policy Value	Initial		50.600	Form CLI-153-AR 7-10 Level Term Life Insurance Policy with Return of Policy Value.pdf

**THE
CINCINNATI LIFE INSURANCE COMPANY**

Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
Home Office: FAIRFIELD, OHIO 45014-5141
(513) 870-2000

RIGHT TO EXAMINE POLICY

We want you to be satisfied with this Policy you have purchased. We urge you to examine it closely. If, for any reason, you are not satisfied, you may return this Policy to us or to any of our agents within twenty days after you have received it. If this Policy is a replacement policy, you may return it within thirty days after you have received it in the same manner. We will cancel it and refund all of the premium you paid.

We will pay the Death Benefit to your Beneficiary upon receipt at our Home Office of due proof, as provided by this Policy, that your death occurred while this Policy was in force. Any premium paid in advance for any period beyond the end of the policy month in which death occurred will be refunded. If the proceeds are not paid within 30 days from the date due proof of death has been forwarded to us, we will pay interest at the rate of 8% per year until the proceeds are paid. We will require surrender of this Policy in the course of any settlement.

Executed at our Home Office in Cincinnati, Ohio.

Steven J. Johnston

[

[Secretary]

David Popplewell

[

[President]

Level Term Life Insurance Policy with Return of Policy Value

Renews Each Policy Anniversary Until the Expiry Date

Stated on the Policy Specifications Page

Indeterminate Premium

Policy Value Paid at End of Guaranteed Term Period

Convertible to the Policy Anniversary

Stated on the Policy Specifications Page

Premiums Payable to Expiry Date

Nonparticipating

INSURED: [JOHN DOE]
POLICY NUMBER: [1234567]

Form CLI-153-AR (7/10)



THE CINCINNATI LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

BENEFIT	AMOUNT OF BENEFIT	DURATION OF PREMIUM PAYMENTS	INITIAL PREMIUM PER GUARANTEED TERM PERIOD	YEAR OF EXPIRY
LEVEL TERM W/RET OF POL VAL	[100,000.00]	[65] YEARS (1)	[77.50]	[2075] (2)

GUARANTEED TERM PERIOD	20 YEARS
CONVERSION DATE	[07/01/2030] (3)
ANNUAL POLICY FEE	N/A
LOAN INTEREST RATE	8.0% PER YEAR IN ARREARS
REINSTATEMENT INTEREST RATE	6.0% PER YEAR
MINIMUM SETTLEMENT OPTION INTEREST RATE	1.0%

- (1) PREMIUMS ARE PAYABLE FOR THE PERIOD, WHILE THE INSURED IS LIVING, FROM THE POLICY DATE FOR THE NUMBER OF POLICY YEARS STATED.
- (2) BENEFIT WILL EXPIRE ON THE POLICY ANNIVERSARY IN THE YEAR SHOWN.
- (3) CONVERSION DATE IS THE END OF THE GUARANTEED TERM PERIOD.

POLICY NUMBER	[1234567]	DATE OF ISSUE	[07/01/2010]
INSURED	[JOHN DOE]	POLICY DATE	[07/01/2010]
GENDER	[MALE]	EXPIRY DATE	[07/01/2075]
AGE	[35]		

AMOUNT OF BENEFIT [100,000.00]

LEVEL TERM WITH RETURN OF POLICY VALUE

[LIST BILL]
[MONTHLY] PREMIUM INTERVALS [77.50]
INITIAL PREMIUM TOTAL

BENEFICIARY - AS STATED IN THE ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

STANDARD PREMIUM CLASS

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS

LEVEL TERM WITH RETURN OF POLICY VALUE

Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*
[35]	[930.00]	[60]	[2,568.00]	[85]	[28,140.00]		
[36]	[930.00]	[61]	[2,832.00]	[86]	[30,972.00]		
[37]	[930.00]	[62]	[3,132.00]	[87]	[34,224.00]		
[38]	[930.00]	[63]	[3,453.00]	[88]	[37,632.00]		
[39]	[930.00]	[64]	[3,792.00]	[89]	[41,055.00]		
[40]	[930.00]	[65]	[4,152.00]	[90]	[43,848.00]		
[41]	[930.00]	[66]	[4,530.00]	[91]	[46,434.00]		
[42]	[930.00]	[67]	[4,932.00]	[92]	[49,989.00]		
[43]	[930.00]	[68]	[5,367.00]	[93]	[54,510.00]		
[44]	[930.00]	[69]	[5,850.00]	[94]	[60,018.00]		
[45]	[930.00]	[70]	[6,399.00]	[95]	[65,997.00]		
[46]	[930.00]	[71]	[7,053.00]	[96]	[71,958.00]		
[47]	[930.00]	[72]	[7,797.00]	[97]	[76,215.00]		
[48]	[930.00]	[73]	[8,589.00]	[98]	[78,909.00]		
[49]	[930.00]	[74]	[9,444.00]	[99]	[83,583.00]		
[50]	[930.00]	[75]	[10,380.00]				
[51]	[930.00]	[76]	[11,418.00]				
[52]	[930.00]	[77]	[12,597.00]				
[53]	[930.00]	[78]	[13,926.00]				
[54]	[930.00]	[79]	[15,396.00]				
[55]	[1,611.00]	[80]	[17,091.00]				
[56]	[1,788.00]	[81]	[19,029.00]				
[57]	[1,965.00]	[82]	[21,063.00]				
[58]	[2,145.00]	[83]	[23,229.00]				
[59]	[2,343.00]	[84]	[25,623.00]				

*THE PREMIUMS FOR ANY ADDITIONAL BENEFITS LISTED ON PAGE 2 ARE INCLUDED.

THIS PREMIUM IS THE MAXIMUM PREMIUM. IN ACCORDANCE WITH THE AMOUNT OF PREMIUM PROVISION, YOUR PREMIUM WILL NEVER BE GREATER THAN THE PREMIUM STATED ABOVE.

POLICY NUMBER	[1234567]	DATE OF ISSUE	[07/01/2010]
INSURED	[JOHN DOE]	POLICY DATE	[07/01/2010]
GENDER	[MALE]	EXPIRY DATE	[07/01/2075]
AGE	[35]		

AMOUNT OF BENEFIT [100,000.00]

LEVEL TERM WITH RETURN OF POLICY VALUE

STANDARD PREMIUM CLASS

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF VALUES

POLICY YEAR	BENEFIT	CASH VALUE PERCENTAGES	CASH VALUE	REDUCED PAID-UP TERM INSURANCE
01	[100,000.00]	[0.0%]	[0.00]	[0.00]
02	[100,000.00]	[0.0%]	[0.00]	[0.00]
03	[100,000.00]	[8.2%]	[228.78]	[1,500.00]
04	[100,000.00]	[24.7%]	[918.84]	[5,800.00]
05	[100,000.00]	[35.4%]	[1,646.10]	[10,000.00]
06	[100,000.00]	[43.2%]	[2,410.56]	[14,000.00]
07	[100,000.00]	[49.3%]	[3,209.43]	[17,800.00]
08	[100,000.00]	[54.5%]	[4,054.80]	[21,500.00]
09	[100,000.00]	[59.1%]	[4,946.67]	[25,200.00]
10	[100,000.00]	[63.3%]	[5,886.90]	[28,800.00]
11	[100,000.00]	[67.2%]	[6,874.56]	[32,300.00]
12	[100,000.00]	[70.9%]	[7,912.44]	[35,600.00]
13	[100,000.00]	[74.5%]	[9,007.05]	[38,900.00]
14	[100,000.00]	[78.0%]	[10,155.60]	[42,200.00]
15	[100,000.00]	[81.6%]	[11,383.20]	[45,400.00]
16	[100,000.00]	[85.1%]	[12,662.88]	[48,500.00]
17	[100,000.00]	[88.7%]	[14,023.47]	[51,700.00]
18	[100,000.00]	[92.4%]	[15,467.76]	[54,800.00]
19	[100,000.00]	[96.2%]	[16,998.54]	[58,000.00]
20	[100,000.00]	[100.0%]	[18,600.00]	[61,100.00]
21	[100,000.00]	[0.0%]	[0.00]	[0.00]
[AGE 60]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[AGE 62]	[100,000.00]	[0.0%]	[0.00]	[0.00]
[AGE 65]	[100,000.00]	[0.0%]	[0.00]	[0.00]

POLICY NUMBER [1234567]
 INSURED [JOHN DOE]
 GENDER [MALE]
 AGE [35]

BASIS OF VALUES: NONFORFEITURE VALUES ARE COMPUTED BY THE STANDARD NONFORFEITURE METHOD WITH INTEREST AT [5%] PER ANNUM IN ACCORDANCE WITH THE COMMISSIONERS' 2001 STANDARD ORDINARY ALB 50/50 GENDER-BLENDED [NONSMOKER] ULTIMATE MORTALITY TABLE.

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DEFINITIONS

In this Policy, the insured will be referred to as "you" or "your" and The Cincinnati Life Insurance Company as "us," "we," or "our."

Cash Value

means the Cash Value of this Policy shown in the Table of Values page of the Policy Specifications. The calculation of the Cash Value is described in the Cash Value section of this Policy.

Cash Value Premium

means the amount of premium you have paid on this Policy before the end of the Guaranteed Term Period shown in the Policy Specifications. This does not include any premium paid for riders or endorsements attached to and made a part of this Policy.

Death Benefit

means the Amount of Benefit stated in the Policy Specifications unless otherwise provided in this Policy.

Expiry Date

means the date on which insurance terminates because of expiration of a Term Period. It is shown in the Policy Specifications.

Indebtedness

means all outstanding loans on this Policy including any interest due or accrued.

In Writing

means in a written form satisfactory to us and received at our Home Office.

Policy

means the legal contract between you and us.

Policy Anniversary

means an anniversary of the Policy Date. Policy years and Policy months are measured from the Policy Date.

Policy Date

means the date that this Policy becomes effective. It is shown in the Policy Specifications. Premium due dates, Policy months, years and anniversaries are measured from this date.

Policy Value

means the Cash Value of this Policy less any Indebtedness.

BENEFIT

Death Benefit Provision

We will pay a Death Benefit to the beneficiary of this Policy on your death. The amount of the Death Benefit will be the Death Benefit shown in the Policy Specifications, less any Indebtedness.

The Policy proceeds will include the refund of premium paid for any period beyond the end of the Policy month if death occurs during such period.

Return of Premium Benefit Provision

We will automatically pay you the Policy Value of this Policy at the end of the Guaranteed Term Period shown in the Policy Specifications provided:

1. This Policy is in force; and
2. You are living.

Upon payment of the Policy Value at end of the Guaranteed Term Period as shown in the Policy Specifications, this Policy will continue in force as long as the required premiums are paid.

Termination of Return of Premium Benefit Provision

The Return of Premium Benefit provision may only be terminated upon:

1. The termination of this Policy as stated in the Termination section of this Policy, or
2. The date that any Policy Value Option takes effect.

If the Children's Term Life Insurance Rider is attached to this Policy, the payment of death benefits on any insured covered under this rider will not trigger the termination of this Policy or the Return of Premium Benefit Provision.

If the Accelerated Benefit Rider is attached to this Policy, the Policy Value paid under the Return of Premium Benefit Provision and the Cash Values of this Policy will be reduced if an Accelerated Benefit is paid, and the reduction will be consistent with the terms of the Accelerated Benefit Rider.

PREMIUM PAYMENTS**General**

All premiums are payable in advance as shown in the Policy Specifications either:

1. At our Home Office; or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

The first premium is due on the Policy Date. Each premium after the first is due at the end of the period for which the preceding premium was paid.

Amount of Premium

The initial premium payable under this Policy is as shown in the Policy Specifications. The initial premium will not be increased above that shown.

Change of Premium

At the end of the Guaranteed Term Period as shown in the Policy Specifications, we may change the premium to an amount not greater than the Maximum Premium stated in the Table of Guaranteed Maximum Annual Premiums as shown in the Policy Specifications. Any change in premium will be at our sole discretion and apply to all policies in the same class in which this Policy is issued. Changes will be based on future anticipated or emerging experience based on the experience factors of investment earnings, mortality, persistency, taxes and expenses. Any change in premium will not change any values or benefits listed in the Policy Specifications. Such change will not affect any premium payable for any rider attached to this Policy.

If we change the premium for any Policy year, we will use your original issue age, premium class, and the duration of this Policy to determine any premium payable for any subsequent year.

Grace Period

We will allow a grace period of 31 days after the due date for payment of each premium after the first. This Policy will continue in force during the grace period. If you die during the grace period, the unpaid premium will be deducted from the Death Benefit. If the premium remains unpaid at the end of the grace period, this Policy will terminate, except as provided under the Policy Value Options provision of this Policy.

Payment Frequency

You may change the frequency of premium payments, provided:

1. You notify us In Writing before the end of the grace period;
2. The premium satisfies our minimum amount rules; and
3. The frequency requested is currently available.

The premium for any frequency will be based on our modal factors in effect when this Policy was issued.

A change in the frequency of premium payments may affect Cash Value accumulation and the amount of Policy Value payable at the end of the Guaranteed Term Period or upon surrender or conversion.

Reinstatement

This Policy may be reinstated at any time within five years after the due date of the first unpaid premium, provided:

1. This Policy was not surrendered for its Policy Value;
2. Evidence of insurability satisfactory to us is furnished;
3. A written application for reinstatement is submitted to us;
4. Past due premiums with interest at the rate as stated in the Policy Specifications are paid; and
5. All Indebtedness is paid or reinstated.

When this Policy is reinstated, a new two-year contestable period will apply with respect to material misrepresentations made in the application for reinstatement.

POLICY LOANS**General**

You may borrow against this Policy at any time it is in force, provided:

1. A request is made In Writing; and
2. This Policy is assigned to us as sole security.

We may defer a loan for up to six months unless it is to be used to pay premiums to us.

You may repay loans as desired while this Policy is in force.

Loan Amount

The loan amount may not exceed the Policy Value on the date we grant the loan. Before advancing the loan amount, we may use a portion of it to pay the following:

1. Interest on Indebtedness to the end of the Policy year; and
2. Any premiums due on or before the next Policy Anniversary.

Indebtedness may not exceed the Cash Value. If it does, this Policy will terminate 31 days after we have mailed notice to your last known address and that of any assignee.

Loan Interest

Loan interest is payable at the earlier of:

1. The end of each Policy year; or
2. When the Indebtedness is repaid in full.

Any interest not paid when due will be added to the Indebtedness and bear interest at the same rate.

The maximum rate of loan interest is shown in the Policy Specifications. We may charge a lower rate of interest.

Automatic Premium Loan Option

If you elect this option, we will automatically process a loan to pay any past due premium. The loan will bear interest from the due date of the premium.

You may elect this option by requesting it In Writing while no premium is overdue beyond its grace period. The option will cease to operate on the earlier of the following:

1. When you revoke the election In Writing; or
2. When this Policy does not have sufficient Policy Value for at least the past due premiums.

You may resume premium payments at any time while this Policy is continued in force under this option.

POLICY VALUE

The Cash Value of this Policy, while not continued as reduced paid-up term insurance, is the Cash Value Premium multiplied by the Cash Value Percentages for that Policy year as shown in the Table of Values.

We will automatically pay you the Policy Value of this Policy at the end of the Guaranteed Term Period shown in the Policy Specifications as provided in the Return of Premium Benefit Provision of this Policy.

The Policy Value, if any, is also payable upon:

1. Conversion of this Policy as provided in the Conversion Privilege provision of this Policy;
or
2. Receipt of your request In Writing to terminate this Policy.

The Policy Value and paid-up nonforfeiture benefits available in this Policy are not less than the minimum values and benefits required by the state in which this Policy is delivered.

Policy Value Options

If you stop paying premiums while this Policy has a Policy Value, you may choose one of the following options:

Option A--Surrender for Cash

Option B--Continue as Reduced Paid-Up Term Insurance

Please read the Option Descriptions carefully so you will understand the provisions of each Option. You must notify us of your choice In Writing within 60 days after the date to which premiums are paid. If this Policy has no Policy Value, it will terminate at the end of the grace period of the unpaid premium.

Option Descriptions

Option A--Surrender for Cash

If you choose this Option, you can surrender this Policy for its Policy Value by sending us a request In Writing along with this Policy. A surrender must take place during your lifetime and will be effective as of the monthly anniversary on or next following the date we receive your surrender request. We may defer payment of the Policy Value for up to six months. When we pay you the Policy Value, this Policy terminates. There is no Policy Value after the end of the Guaranteed Term Period.

The amount payable upon surrender is payable in one sum. We will refund 100% of any premium paid for the period beyond the Policy month of surrender.

Option B--Reduced Paid-Up Term Life Insurance

If you choose this Option, the insurance under this Policy will be payable under the same conditions as if you had continued paying premiums. The Death Benefit will be the amount the Policy Value will provide as a net single premium at your attained age on the due date of the unpaid premium. Any Indebtedness due to loans made on or after such due date will be deducted from the Death Benefit. The net single premium will be determined on the basis of values. The amount of reduced paid-up term life insurance available after the Guaranteed Term Period will be zero because there is no Policy Value after the Guaranteed Term Period.

The Cash Value of the reduced paid-up term life insurance is the attained age net single premium for the reduced Death Benefit using the same mortality table and interest rate used to calculate the amount of the reduced Death Benefit.

If Option B is elected, this Policy will remain in force as reduced paid-up life insurance until the year of expiry shown in the Policy Specifications. While it is in force as reduced paid-up life insurance, you may surrender it for its Policy Value. We may defer payment of the Policy Value for up to six months. When we pay you the Policy Value, this Policy terminates.

Any coverage provided by a rider made a part of this Policy will end while this Policy is kept in force as reduced paid-up term life insurance.

Automatic Option

If a premium is not paid by the end of its grace period, the Automatic Option to be effective, unless you elect otherwise, will be Option B.

Basis of Values

Cash Values equal or exceed minimum Cash Values based on the Standard Nonforfeiture Law for Life Insurance. The method of calculation has been filed with the Insurance Department of the state in which this Policy is delivered.

All values, present values and net single premiums in this Policy are based on:

1. Age last birthday;
2. Mortality tables and interest rates shown in the Policy Specifications;
3. The assumption that death occurs at the end of the Policy year; and
4. The exclusion of any benefits provided by rider.

While this Policy is being continued as reduced paid-up term life insurance option, the Cash Value will be based on the nonforfeiture mortality table and interest rate shown in the Policy Specifications. If this Policy is surrendered within 30 days after a Policy Anniversary while it is in force as reduced paid-up term life insurance, the Cash Value will be not less than the Cash Value on the anniversary.

All values equal or exceed those required by the state in which this Policy is delivered.

Table of Values

The values in the Table of Values apply at the end of the Policy year shown, provided:

1. All premiums are paid to that date; and
2. There is no Indebtedness.

At any time during a Policy year, we will compute the values allowing for the premiums paid during that Policy year. For Policy years not shown, we will furnish values on request.

POLICY CONTROL

Ownership

You are the owner of this Policy unless:

1. Another person is designated as owner in the application; or
2. A new owner has been designated as provided in the Change of Owner provision.

All of the insured's rights belong to the owner.

Change of Owner

The owner may designate a new owner by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

Assignment

The owner may assign this Policy by requesting, completing and returning our Conditional Assignment of Policy form to our Home Office or our authorized agent. In lieu of our Conditional Assignment of Policy form, at the owner's request, we may accept an assignment form from a financial institution if signed by the owner.

Assignments, unless otherwise specified by the owner, shall take effect on the date our Conditional Assignment of Policy form (or other accepted assignment form) is signed by the owner, subject to any payments made or actions taken by us prior to receipt of such form.

We are not responsible for the validity of any assignment. The rights of the owner and beneficiary will be subject to the rights of any assignee.

BENEFICIARY

Your beneficiary is as stated in the application unless a new beneficiary has been designated as provided below.

Change of Beneficiary

The owner may change the beneficiary by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

No Named Beneficiary

If no named beneficiary survives you, then, unless this Policy provides otherwise:

1. The owner will be the beneficiary; or
2. If you are the owner, your estate will be the beneficiary.

THE CONTRACT**Entire Contract**

The entire contract consists of this Policy, the application, the Policy Specifications, and any attached papers that we call riders, amendments or endorsements. A copy of the application is attached at issue. This contract is made in consideration of the application and the payment of premiums. We will not use any statement to void this Policy or to defend against a claim under it, unless that statement is contained in the attached written application. All statements in the application will, in the absence of fraud, be deemed representations and not warranties.

Modification

The only way this contract may be modified is by a written agreement signed by our President or Secretary.

Nonparticipation

This Policy is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

Misstatement of Age

If your age is misstated, we will adjust all benefits under this Policy. The adjusted benefits will be those the premium paid would have purchased at your correct age, based on our rates in effect when this Policy was issued. If the misstatement of age results in an issue age which is not within our range of issue ages, we will extrapolate a premium and benefit.

Suicide

If, within two years from the date of issue, you die by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid.

Incontestability

We cannot contest this Policy after it has been in force, during your lifetime, for two years from its date of issue, except for:

1. Nonpayment of premiums; or
2. Any rider providing disability or accidental death benefits.

TERMINATION

This Policy will terminate on:

1. The date the grace period ends without sufficient premium being paid;
2. The thirty-first day after we have mailed notice to you and any assignee that the Indebtedness exceeds the Cash Value;
3. The date of your request In Writing. In addition, we request you return this Policy to us;
4. The day following the end of the reduced paid-up term life insurance period, if this Policy remains in force as reduced paid-up term life insurance until that date;
5. The Expiry Date of this Policy shown in the Policy Specifications;
6. The date this Policy is converted to a new plan of insurance as provided in the Conversion Privilege provision of this Policy; or
7. The date of your death.

Premium received for a period after the date of termination will not cause this Policy to continue in force.

We will refund 100% of any premium paid for the period beyond the Policy month of termination.

If the Children's Term Life Insurance Rider is attached to this Policy, the payment of death benefits on any insured covered under this rider will not trigger the termination of this Policy or the Return of Premium Benefit Provision.

CONVERSION PRIVILEGE

General

While this Policy is in force you may surrender it for a new policy on your life, provided:

1. You request conversion, In Writing;
2. Your request is received prior to the Conversion Date shown in the Policy Specifications; and
3. You are not totally disabled as defined in any rider of this Policy providing waiver of premium.

Evidence of insurability will not be required under this conversion privilege.

Conversion Policy

Your new policy will be on an individual, permanent life insurance plan that we make available for conversions. The Policy Date of the conversion policy will be the date of conversion. There will always be at least one plan available for conversion.

Coverage under this Policy terminates on the Policy Date of the conversion policy.

The Death Benefit of the new policy may not be:

1. More than the Amount of Benefit of this Policy on the date of conversion; nor
2. Less than the allowable minimum for the plan of insurance available.

The new policy will be issued under the same risk class as this Policy. If that risk class is not available for the new policy, the risk class which in our judgment most closely corresponds to the risk class of this Policy will be used. Premiums will be based on the rates used by us at the time of conversion. The first premium for the new policy will be due upon conversion.

The new policy will contain all optional benefit riders attached to this Policy provided:

1. Such riders are in force on this Policy on the date of conversion; and
2. We regularly issue such riders to individuals the same age as your age last birthday on the date of conversion.

The period of time stated in the suicide and incontestability provisions of any new policy to which this Policy is converted will run from the date of issue of this Policy.

SETTLEMENT PROVISIONS

General

The proceeds payable at death, surrender or the end of the Guaranteed Term Period may be paid in one sum. They may also be paid under one or more of the settlement options provided:

1. The total payment due is at least \$5,000.00; and
2. Each income payment provided by the option is at least \$50.00.

Election

The payee may elect an option by notifying us In Writing. No settlement option will be available except with our consent if:

1. This Policy is assigned; or
2. The payee is a corporation, association, partnership, trustee, or estate.

The payee may change the election of an option by notifying us In Writing on or before the settlement date. The change will be effective on the date the notice is signed. The change is subject to any payment or actions we may have taken before receiving the notice.

If no election is in effect on the settlement date, the payee may make an election at that time. If no election is made, the proceeds will be paid in one sum.

Settlement Options

Option 1--Income For Fixed Period:

We will pay no less than the income elected from Table A. Payments will be guaranteed for the number of years chosen, not to exceed 30 years.

Option 2--Life Income With Payments Guaranteed For Ten Years:

We will pay no less than the income determined from Table B. Payments will be made while the payee is alive. Payment will be guaranteed for ten years. If the payee dies before payments have been made for the ten-year period, the value of the remaining guaranteed payments will be paid as a final payment and will be determined using no less than the minimum settlement option interest rate shown in the Policy Specifications.

Option 3--Income of Fixed Amount:

We will make equal payments of the amount chosen. These payments will be made until the amount left under this Option, with interest, is exhausted. The rate of interest will not be less than the minimum settlement option interest rate shown in the Policy Specifications. The final payment will be for the balance only.

Option 4--Current Purchase Option:

If the payee is a natural person, the payee may elect, in his own right, to receive an income equal to 102% of the income provided by our corresponding single premium immediate annuity rates for the amount of the proceeds applied. The payee may elect this option by making application, In Writing, within 31 days of the settlement date.

TABLES FOR OPTIONS
Monthly Income Per \$1,000.00 of Proceeds

TABLE A OPTION 1 Income for Fixed Period		TABLE B OPTION 2-Life Income with Payments Guaranteed for Ten Years The amount of Income is based on the age last birthday of the payee on the date of the first payment.			
No. of Years	Monthly Income	Age	Certain Period 10 Years	Age	Certain Period 10 Years
1	\$83.71				
2	42.06				
3	28.18				
4	21.24				
5	17.07				
6	14.30				
7	12.31				
8	10.83				
9	9.67				
10	8.75	50	\$2.84	68	\$4.61
11	7.99	51	2.90	69	4.76
12	7.36	52	2.97	70	4.92
13	6.83	53	3.04	71	5.08
14	6.37	54	3.11	72	5.25
15	5.97				
16	5.63	55	3.18	73	5.43
17	5.32	56	3.26	74	5.61
18	5.05	57	3.35	75	5.79
19	4.81	58	3.44	76	5.98
20	4.59	59	3.53	77	6.17
21	4.39				
22	4.21				
23	4.05	60	3.63	78	6.36
24	3.90	61	3.73	79	6.55
25	3.76	62	3.84	80	6.73
26	3.63	63	3.95	81	6.92
27	3.51	64	4.07	82	7.10
28	3.40				
29	3.30				
30	3.21				
Annual Income is 11.787 times the monthly income.		65	4.20	83	7.27
Semiannual Income is 5.951 times the monthly income.		66	4.33	84	7.43
Quarterly Income is 2.990 times the monthly income.		67	4.47	85 and over	7.58

The first installment under all options will be payable as of the date of death or election of surrender value; however, provision to the contrary may be made in the settlement agreement.

Income payments and reserves under Option 2 and Option 4 are based on the Annuity 2000 Mortality Table at no less than the minimum settlement option interest rate shown in the Policy Specifications.

**THE
CINCINNATI LIFE INSURANCE COMPANY**

Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

**Home Office: FAIRFIELD, OHIO 45014-5141
(513) 870-2000**

Level Term Life Insurance Policy with Return of Policy Value

Renews Each Policy Anniversary Until the Expiry Date

Stated on the Policy Specifications Page

Indeterminate Premium

Policy Value Paid at End of Guaranteed Term Period

Convertible to the Policy Anniversary

Stated on the Policy Specifications Page

Premiums Payable to Expiry Date

Nonparticipating

SERFF Tracking Number: GRJR-126694523 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 46159
Company Tracking Number: CLI153
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value
Project Name/Number: Form CLI-153-AR (7/10), Level Term Life Insurance Policy with Return of Policy Value/Form CLI-153-AR (7/10), Level Term Life
Insurance Policy with Return of Policy Value

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR Certification of Readability.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Attachment:

AR CLI-1015-AR 5-04 Worksite Applicaiton.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

CLI-153 Statement of Variability.pdf

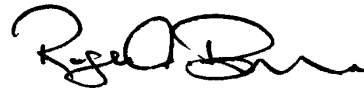
ARKANSAS CERTIFICATION

This is to certify that the attached policy Form CLI-153-AR (7/10), Level Term Life Insurance
Policy with Return of Policy Value

has achieved a Flesch Reading Ease Score of 50.6
respectively, and complies with the requirements of Ark. Stat. Ann. 66-3251 through
66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

June 29, 2010

Date



Signature of Officer

Roger A. Brown, FSA, MAAA

Name

Vice President and Actuary

Title

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. BOX 145496, Cincinnati, Ohio 45250-5496

☐ NEW ☐ INCREASE EXISTING POLICY # _____

APPLICATION FOR LIFE INSURANCE

Please print or type all information

EMPLOYEE	1. Employee (first, middle, last)		2. Employment Date		3. Employee No.	
	4. Home Address No. Street		Apt. # City		State Zip	
	5. Phone No. (H) () (W) ()		6. Soc. Sec. No.		7. Occupation	
	8. Are you actively at work and currently working at least 25 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	9. Date of Birth		10. St./Ctry. of Birth		11. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	12. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	13. Do you belong to or intend to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	14. Plan		15. Amount of Insurance		16. Weekly Premium	
	17. Optional Benefit Riders: Weekly Premium Weekly Premium <input type="checkbox"/> Accelerated Benefit <input type="checkbox"/> CTR <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 \$ _____ <input type="checkbox"/> FAIR <input type="checkbox"/> Accidental Death Benefit \$ _____ <input type="checkbox"/> DI/WP \$ _____ <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Waiver of Premium \$ _____ <input type="checkbox"/> Other \$ _____					
	18. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
19. Primary Beneficiary Name: _____ Relationship: _____ City & State: _____			20. Contingent Beneficiary Name: _____ Relationship: _____ City & State: _____			
OTHER PROPOSED INSURED	21. Other Proposed Insured (first, middle, last)		22. Other Proposed Insured's Soc. Sec. No.			
	23. Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild					
	24. Home Address No. Street		Apt. # City		State Zip	
	24. Home Address No. Street (if different from above)		Apt. # City		State Zip	
	25. Date of Birth		26. St./Ctry. of Birth		27. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	28. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	29. Do you belong to or intend to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	30. Contingent Owner (Name & Soc. Sec. No.)					
	31. Plan		32. Amount of Insurance		33. Weekly Premium	
	34. Optional Benefit Riders: Weekly Premium Weekly Premium <input type="checkbox"/> Accelerated Benefit <input type="checkbox"/> CTR <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 \$ _____ <input type="checkbox"/> Waiver of Premium \$ _____ <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Accidental Death Benefit \$ _____ <input type="checkbox"/> Other \$ _____					
35. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
36. Primary Beneficiary Name: _____ Relationship: _____ City & State: _____			37. Contingent Beneficiary Name: _____ Relationship: _____ City & State: _____			
PREMIUM	38. Total Employee Weekly Premium					\$ _____
	Total Other Proposed Insured Weekly Premium					\$ _____
	TOTAL WEEKLY PREMIUM					\$ _____

THE CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, Cincinnati, Ohio 45250-5496

In Continuation of Application for Life Insurance

Please print or type all information

CHILDREN	39. CHILDREN'S TERM RIDER - All unmarried children who are less than age 19 as of date of application.							
	Full Names of Proposed Insured Children	Date of Birth	Gender M or F	Relationship to Employee	Full Names of Proposed Insured Children	Date of Birth	Gender M or F	Relationship to Employee

THE BENEFICIARY OF CHILDREN'S COVERAGE IS, IN ALL CASES, THE POLICYOWNER.

SIMPLIFIED ISSUE	40. Employee: Height: _____ ft. _____ in. Weight: _____ lbs.	Primary Physician: _____	Name: _____ Address: _____ City & State: _____
	41. Other Proposed Insured: Height: _____ ft. _____ in. Weight: _____ lbs.	Primary Physician: _____	Name: _____ Address: _____ City & State: _____

GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #44

SIMPLIFIED ISSUE	42. In the past five years, have you:		Other Proposed Children (as listed in #39 above)					
			Employee		Insured			
			Yes	No	Yes	No	Yes	No
	a. been told you have, or been treated for:							
	(1) cancer or tumor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(2) stroke, high blood pressure or disease of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(3) kidney disease, diabetes, depression or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. been hospitalized or had hospitalization recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. had a physical examination or medical test with other than normal results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	43. Have you ever been diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DETAILS	44. DETAILS OF "YES" ANSWERS:			
	Name (Including Children listed in #39)	Date/ Duration	Physician and/or Hospital Name and Address	Question Number, Condition, & Treatment

THE CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, Cincinnati, Ohio 45250-5496

In Continuation of Application for Life Insurance

Please print or type all information

REPLACEMENT

45. Is there any intention of replacing, changing or borrowing against any insurance policy or annuity contract in force on the life of any proposed insured with The Cincinnati Life Insurance Company or any other company as a result of this Application? **Yes** ☐ **No** ☐

List all life insurance or annuities any proposed insured has in force, or applications pending. Indicate if it is to be replaced, changed or borrowed against as a result of this Application.

Complete any applicable replacement forms.

Replaced?

Proposed Insured	Insurer	Policy Number	Amount	Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

AGREEMENT

AGREEMENT: I, the undersigned, agree that: 1. This Application will be a part of any policy issued. 2. To the best of my knowledge and belief, all the answers and statements given in this Application are true and complete. 3. Upon acceptance of a policy, other than as applied for, this Application and any amendments shall be for such modified policy. When required by statute or regulation, any change in A. Plan; B. Age; C. Amount; D. Classification; or E. Benefits shall be made only upon written agreement. 4. **The Cincinnati Life Insurance Company shall incur no liability unless:** A. This Application is fully completed, dated, signed and witnessed; B. The full first premium is paid or the Payroll Deduction Authorization is completed; C. The insurability of the Proposed Insured remains as described in this Application and in any supplements to this Application; and D. A policy is formally approved by us.

I acknowledge having received and read the Important Notice to the Proposed Insured.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signed at: _____ City _____ State _____ Signed on: _____ Month _____ Day _____ Year _____

_____ Signature of Employee	_____ Signature of Other Proposed Insured (if required)
_____ Signature of Applicant/Owner, if other than Employee	
_____ Signature of Witness	_____ Witness Name (please print)

AGENT

For Agent: I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this Application are true and correct. I further certify that to the best of my knowledge and belief, this policy ☐ **Will** ☐ **Will Not** replace or change any existing life insurance or annuity contract now in force.

_____ Agent Signature	_____ Agent Code #	_____ Fax Number
_____ Agent Name (please print)	_____ E-Mail Address	
_____ Agency Name (please print)	_____ Agency Code #	

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-153 (7/10), Level Term Life Insurance Policy with Return of Policy Value

<u>LOCATION/ITEM</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
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Front Jacket

Insured	Name of insured	Specific Name of Insured
Policy Number	Sequential number assigned to identify the policy in our administration system	Unlimited

Page 2

Amount of Benefit	Amount of coverage elected by applicant	Minimum \$20,000.00 to Maximum \$200,000.00
Duration of Premium Payments	Number of years for which premiums may be paid until the insured is age 100, specifically determined by the insured's age for each policy issued.	Based on the issue ages of 18 - 48: 52 - 82 years
Initial Premium Per Guaranteed Term Period	Amount of premium payable during the guaranteed term period based on the specific insured's attained age and smoker status, and amount of benefit selected by the applicant.	\$20,000, Age 18, nonsmoker, initial monthly premium = \$11.17 to \$200,000, Age 48, nonsmoker, initial annual premium = \$5,746.00
Year of Expiry	The policy anniversary year following the insured's attainment of age 100 at which the policy will terminate.	Year of issue plus 52 - 82 years
Conversion Date	The last date the owner can elect conversion is the end of the guaranteed term period.	Policy Date plus 20 years
Gender	Gender of the insured	Male or Female
Age	Age of the insured	Issue ages for this policy are 18 - 48 for nonsmokers and 18 - 41 for smokers
Date of Issue	The date the policy was physically issued from our administration system	Earliest date would be the date of your approval to Unlimited
Policy Date	Effective date of the policy	Earliest date would be the date of your approval to Unlimited
Expiry Date	The date of the policy anniversary following the insured's attainment of age 100 at which the policy will terminate.	Date of issue plus 52 - 82 years
Billing Form	This variable identifies if the billing is to be by list bill or by pre-authorized withdrawal.	List Bill or Pre-Authorized Withdrawal
Premium Intervals	The frequency in which premiums are due.	In Worksite Marketing the initial mode will be monthly but may be changed to quarterly, semi-annual or annual. There are no modal factors.
Initial Premium Total	The total modal premium during the Guaranteed Term Period for the base policy and any riders' premiums.	\$20,000, Age 18, nonsmoker, initial monthly policy premium = \$11.17 to \$200,000, Age 48, nonsmoker, initial annual premium = \$5,746.00
	All other variables are explained on Front Jacket or elsewhere on Page 2	

Page 3

Attained Age of Insured	Age of the insured at each policy year	Based on earliest issue age of 18, and the age of the insured after which premiums are no longer payable, the range for this variable is 18 - 99
-------------------------	--	--

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-153 (7/10), Level Term Life Insurance Policy with Return of Policy Value

Maximum Annual Premium	The maximum annual premium, including any riders' premiums, that can be charged for each year during the life of the policy.	\$20,000, Age 38, nonsmoker, annual policy premium = \$72.60 to \$200,000, Age 99, smoker, annual policy premium = \$176,184.00
	All other variables are explained on Front Jacket or elsewhere on Page 2	

Page 4

Policy Year	Policy years 1 through 21 always appear; Ages 60, 62 & 65 also appear as applicable, based on the insured's issue age.	Ages 60, 62 & 65 are shown – subject to insured's issue age
Benefit	Amount of coverage in force at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness.	\$20,000.00 to \$200,000.00
Cash Value Percentages	The percentage of premium that is payable as the cash value at the end of each policy year or at the insured's age shown. The cash value percentages are based on the specific insured's issue age, smoker status, duration, and amount of benefit selected by the applicant.	0.0% to 100.0%
Cash Value	Amount of cash value available at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness. The cash value is based on the cash value percentages for the specific insured's issue age, smoker status, duration, and amount of benefit selected by the applicant.	\$0.00 to \$999,999,999.99
Reduced Paid-Up Term Insurance	Amount of reduced paid-up term insurance available at the end of each policy year or at the insured's age shown, provided all premiums are paid to that date and there is no indebtedness. The amount of reduced paid-up term insurance is based on the cash value for the specific insured's issue age, smoker status, duration, and amount of benefit selected by the applicant.	\$0.00 to \$999,999,999.99
Nonforfeiture Interest Rate (Basis of Values paragraph)	The nonforfeiture interest rate required by the NAIC Standard Nonforfeiture Law for Life Insurance, model #808.	This rate will be adjusted as required to comply with future changes to the Standard Nonforfeiture Law for Life Insurance; for 2010 issues, the nonforfeiture interest rate is 5%.
Commissioners' 2001 Standard Ordinary ALB 50/50 Gender-Blended [Nonsmoker] Ultimate Mortality Table	The specific mortality table used to correspond with the smoking status of the insured	Smoker or Nonsmoker
	All other variables are explained on Front Jacket or elsewhere on Page 2	